PTO/SB/17 (07-06)

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| Under the Paperwork | espond to a collection of information unless it displays a valid OMB control number. Complete if Known | | | | | | | | |
|---|---|-----------------------|-----------------------|-------------------------|------------|--|--------------------|----------------|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | | | | |)9/944,341-Conf. #9771 | | | |
| | | | | | | September 4, 2001 | | | |
| | | | | | | Tsuneo SATO | | | |
| | | | | Examiner Name A | | A. M. Richer | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit 26 | | 2628 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 450.00 | | | Attomey Docket No. 06 | | 0649-0799P | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Check Credit Card Money Order Other (please identify): | | | | | | | | | |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | |
| 1. BASIC FILING, SEA | - | | | | | | | | |
| | FIL | ING FEES Small Entity | SE | ARCH FEES Small Entity | EXAMINA | ATION FEES Small Entity | | | |
| Application Type | Fee (\$) | | <u>Fee (\$</u> | | Fee (\$) | Fee (\$) | Fees F | Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES Small Entity Foo (8) | | | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) | | | | | | | Fee (\$) 50 | Fee (\$) 25 | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | 100 | |
| Multiple dependent claims 360 180 | | | | | | | | 180 | |
| Total Claims E | Extra Claims | Fee (\$) | Fee I | Paid (\$) | | lultiple Dependent Claims ee (\$) Fee Paid (\$) | | | |
| HP = highest number of to | x otal claims paid for | | | | Fee | <u>(\$)</u> <u>r</u> | ee Paid (3 | <u>'</u> | |
| _ | Extra Claims | Fee (\$) | Fee I | Paid (\$) | | | | _ | |
| -= | X | = | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | |
| Total Sheets | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 | | | | | | | | | |
| | | | | | | | | | |
| Signature Renny Caudle Registration No. (Attorney/Agent) 29,680 Telephone (703) 205-8000 | | | | | | | | | |
| | | | | | | | October 18, 2006 | | |
| Name (Print/Type) 101ich | na é/ K. Mutter | | | | | Date | October 1 | 0, 2006 | |